2001 UNIFORM BUSINESS REPORT (UBR)

PAGE 1012

DOCU 1. Entity Nan	MENT # M96258	-	· · · ·							
STRATEGIC ASSET ADVISORS, INC.								1		
							FILE			
Principal Place of Business Mailing Address					·	01	MAR 28 PI	1:3,1		
2 South University Drive. Ste. 222 Plantation FL 33324 US		50 CALIFORNIA ST. 24TH FLOOR SAN FRANCISCO CA 94111 0			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State				4. FEI Numbe	65-0084346	3		pplied For
Zip	Country	Zip Co		Puntry		5. Certificate	of Status Desired		8.75 Add	litional
	6. Name and Address of Current F	Registered Agent			l	7. Name and	Address of New R			
CORPORATION SERVICE COMPANY				Name						
1201 HAYS STREET				Street A	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301										
			ĺ	City	 .		-	FL	Zip Code	9
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office o	r registere	ed agent, or both	n, in the State of Flo	rida.		
CIONATURE										ĺ
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signat	ure required v	when reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable)1 Fee v	vill be \$5	550.00	Trus	ction Campaign Fin st Fund Contribution	·		O May Be to Fees
11.	OFFICERS AND D		12.			ADDITIONS/0	CHANGES TO OFF	CERS AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD Orvieto, Brad 2 South University Drive., Si Plantation FL 33324	□ Delete UITE 222							☐ Change	☐ Addition
TITLE	PD	☐ Delete	TITLE				<u> </u>		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	2 GOOTT CHITCHIST CHITCH, GOTTE EEE			T ADDRESS ST-ZIP		80	000039	9235	38-	9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARP, MICHAEL 2 SOUTH UNIVERSITY DRIVE., S	□ Delete			:				Change	☐ Addition
TITLE NAME	S NEWBORN, ERNEST J II	☐ Delete	TITLE						Change	Addition
STREET ADDRESS CITY-ST-ZIP	50 CALIFORNIA STREET		STREE	T ADDRESS ST-ZIP						
TITLE	SAN FRANCISCO CA 94111	▼ Delete	TITLE		Trea	swes			Change	Addition
NAME STREET ADDRESS	LEONARD, MICHAEL T 50 CALIFORNIA STREET				50 C	and Bo	wer ia st-	date		
CITY-ST-ZIP TITLE	SAN FRANCISCO CA 94111 VP	☐ Delete	CITY-:	ST-ZIP	Pan'	7rancis	eo ca q			☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	LANG, WENDY 2 SOUTH UNIVERSITY DRIVE., SU PLANTATION FL 33324		name Stree	T ADDRESS ST-ZIP				_	_ change	
					Ь				<u></u>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attact, my my that an address, with all other like empowered.

SIGNATURE:

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE

094368

7139998

AUTHORIZATION

COST LIMIT

ORDER DATE: March 27, 2001

ORDER TIME : 10:01 AM

ORDER NO. : 094368-005

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart

Usi Holdings, Inc.

24th Floor

50 California Street

San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: STRATEGIC ASSET ADVISORS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

_ PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT EXT 1156

EXAMINER'S INITIALS: